1329184

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

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OMB Num	per:	\$235-0076
Expires:	April 3	30, 2008
Estimated:	average	burden

Expires. April 30, 2006 Estimated average burden nours per response 16.00

EP 2 MS NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
THOMSOM SECTION 4(6) AND/OR

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SEP 27	Prefix			Serial
V/ THOMS	ON	DA	TE RECEI	VED.
FINANO	ML			

Name of Official (T)	Olivabilitation and an additional	to a second of the first of the					
	Check if this is an amendment and name has c						
	er Consideration Including Indirect Comm		e Consideration Private Placel	ment			
Filing Under (Check bo	ox(es) that apply): \square Rule 504 \square Rule 505	🖾 Rule 506 🔲 Sec	ction 4(6) ULOE	The state of the s			
Type of Filing: Nev	v Filing		A Section	12-13 1838			
	A. BASIC IDENT	IFICATION DATA	189	To live			
1. Enter the informatio	n requested about the issuer		<	3 2005			
Name of Issuer Che	ck if this is an amendment and name has chain	ged, and indicate change	e.)				
Chartwell Internation	al, Inc.			35 /8/			
Address of Executive (Offices (Number and Street, City, State, Zip Co	ode)	Telephone Number (Including Area Code)				
1124 Smith Road, Sui	te 304, Charleston, WV 25238		(304) 395-8700				
Address of Principal B	usiness Operations (Number and Street, City,	State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Execu	itive Offices)						
			<u>u</u>				
Brief Description of Bu			(() () () ()				
	Waste Disposal and Transportation Busin	esses					
Type of Business Orga							
☑ corporation	☐ limited partnership, already formed	other (ple	ase specify): _ 050	69466			
☐ business trust	☐ limited partnership, to be formed		, , , , ,	·r			
		Month	Year				
Actual or Estimated Da	te of Incorporation or Organization:	1 2	8 4 ⊠ Actual □	Estimated :			
	Jurisdiction of Incorporation or Organization		Postal Service abbreviation for 3	State:			
	CN for Canada; FN for or	ther foreign jurisdiction	NV				
CENEDAL INCEDUC	TIONG						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U. S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U. S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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|                                                    |                     | A. BASIC I                 | DENTIFICATION.            | DATA           |                                       |
|----------------------------------------------------|---------------------|----------------------------|---------------------------|----------------|---------------------------------------|
| 2. Enter the information r                         | equested for the t  | following:                 |                           |                |                                       |
| <ul> <li>Each promo</li> </ul>                     | er of the issuer, i | f the issuer has been org  | gamized within the past f | ive years;     |                                       |
| <ul> <li>Each benefic</li> </ul>                   | cial owner having   | the power to vote or di    | spose, or direct the vote | or disposition | of, 10% or more of a class of equity  |
| securities of                                      |                     |                            |                           |                |                                       |
| <ul> <li>Each execution</li> <li>and</li> </ul>    | ve officer and dir  | rector of corporate issue  | rs and of corporate gene  | ral and manag  | ing partners of partnership issuers;  |
| <ul> <li>Each general</li> </ul>                   | and managing pa     | artner of partnership issu | uers.                     |                |                                       |
| Check Box(es) that Apply                           |                     |                            |                           | ☑ Director     | ☐ General and/or Managing Partner     |
| Full Name (Last name firs<br>Eszenyi, Imre         | t, if individual)   |                            |                           |                |                                       |
| Business or Residence Ad<br>1124 Smith Road, Suite |                     |                            | p Code)                   |                |                                       |
| Check Box(es) that Apply                           | : Promoter          | ☐ Beneficial Owner         | ☑ Executive Officer       | ☑ Director     | ☐ General and/or Managing Partner     |
| Full Name (Last name fire Adams, David             | t, if individual)   |                            |                           |                |                                       |
| Business or Residence Ad                           | dress (Number at    | nd Street, City, State, Zi | p (Code)                  |                |                                       |
| c/o Bartel Eng & Schrod                            | •                   | •                          | •                         |                |                                       |
| Check Box(es) that Apply                           |                     |                            |                           | ☑ Director     | ☐ General and/or                      |
| ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '            |                     |                            |                           |                | Managing Partner                      |
| Full Name (Last name fire Srebnik, Charles         | st, if individual)  |                            |                           |                |                                       |
| Business or Residence Ad                           | dress (Number ai    | nd Street, City, State, Zi | p Code)                   |                |                                       |
| 3 Mary Ann Lane, New                               | City, NY 10956      |                            |                           |                |                                       |
| Check Box(es) that Apply                           | : Promoter          | ☐ Beneficial Owner         | ⊠ Executive Officer       | ⊠ Director     | ☐ General and/or Managing Partner     |
| Full Name (Last name firs<br>Jones, Janice         | t, if individual)   |                            |                           |                |                                       |
| Business or Residence Ad                           | dress (Number at    | nd Street, City, State, Zi | p Code)                   |                |                                       |
| 333 South Allison Pkwy,                            |                     |                            |                           |                | · · · · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply                           |                     | ☑ Beneficial Owner         | ☐ Executive Officer       | ☐ Director     | ☐ General and/or Managing Partner     |
| Full Name (Last name firs                          | •                   |                            |                           |                |                                       |
| Internationale Kapitalar                           |                     |                            |                           |                |                                       |
| Business or Residence Ad                           |                     |                            |                           |                |                                       |
| Charle Bay (25) that A I                           |                     |                            |                           | ☐ Director     | ☐ General and/or                      |
| Check Box(es) that Apply                           |                     | ☑ Beneficial Owner         | ☐ Executive Officer       | Director       | Managing Partner                      |
| Full Name (Last name firs                          |                     |                            |                           |                |                                       |
| Rail Waste Holdings LL<br>Business or Residence Ad |                     | nd Street City State 7i    | n Code)                   |                |                                       |
| 7 North Willow St., Suite                          | 7, Montclair, N     | IJ 07042                   |                           |                | - <u>-</u>                            |
| Check Box(es) that Apply                           |                     | ☐ Beneficial Owner         | ☐ Executive Officer       | ☐ Director     | ☐ General and/or Managing Partner     |
| Full Name (Last name fire                          | t, if individual)   |                            |                           |                |                                       |
| Business or Residence Ad                           | dress (Number at    | nd Street, City, State, Zi | p Code)                   |                |                                       |
|                                                    | <del></del>         |                            | ····                      |                |                                       |

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|                                    | •                                           |                                                      |                                                            | B. I                         | NFORMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TION A                       | BOUT O                       | FFERING                               | ·                            |                              |                                        |                           |                    |
|------------------------------------|---------------------------------------------|------------------------------------------------------|------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|---------------------------------------|------------------------------|------------------------------|----------------------------------------|---------------------------|--------------------|
| 1. Has                             | the issuer s                                | old, or doe                                          | s the issuer                                               | intend to                    | sell, to non-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | accredited                   | investors i                  | n this offeri                         | ng?                          |                              |                                        | Yes                       | ⊠ No               |
|                                    |                                             |                                                      |                                                            | Answer a                     | lso in Appe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ndix, Colu                   | mn 2, if fili                | ing under U                           | LOE.                         |                              |                                        |                           |                    |
| 2. Wha                             | at is the min                               | imum inve                                            | stment that                                                | will be ac                   | cepted from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | any indiv                    | idual?                       |                                       |                              | ••••                         | ······································ | \$ N/A                    |                    |
| 3. Doe                             | s the offerit                               | ng permit jo                                         | oint owners                                                | hip of a sir                 | ngle unit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                              |                                       | •••••                        | ••••••                       |                                        | Yes                       | □ No               |
| remi<br>pers<br>than               | uneration foon                              | or solicitati<br>t of a broke                        | on of purci                                                | hasers in c<br>registered    | n who has lonnection values of the State of | with sales of<br>EC and/or   | of securitie with a stat     | s in the off<br>e or states,          | ering. If a<br>list the na   | person to<br>me of the b     | be listed is<br>proker or de           | an ass<br>ealer.          | ociated<br>If more |
| Full Na                            | me (Last na                                 | ame first, if                                        | individual                                                 | )                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                              |                                       |                              |                              |                                        |                           |                    |
| Busines                            | s or Reside                                 | ence Addres                                          | ss (Number                                                 | and Street                   | , City, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e, Zip Code                  | e)                           |                                       |                              |                              |                                        |                           |                    |
| Name o                             | f Associate                                 | ed Broker o                                          | r Dealer                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                              |                                       |                              |                              |                                        |                           |                    |
| (Check [AL] [IL] [MT] [RI] Full Na | "All States [AK] [IN] [NE] [SC] me (Last no | " or check in [AZ] [IA] [IA] [SD] [SD] ame first, if | individual (<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>individual | States) [CA] [KY] [NJ] [TX]  | nds to Solic  All St [CO] [LA] [NM] [UT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ates [CT] [ME] [NY] [VT]     | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]          | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]           | [ID]<br>[MC<br>[PA        | )<br>]             |
| Name o                             | f Associate                                 | d Broker o                                           | r Dealer                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                              |                                       |                              |                              | · <del></del>                          |                           |                    |
| States in                          | n Which Pe                                  | rson Listed                                          | has Solici                                                 | ed or Inter                  | nds to Solic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it Purchase                  | rs                           | · <del>· ·</del>                      | <del></del> _                | - ·                          |                                        |                           |                    |
|                                    |                                             | or check i                                           |                                                            |                              | ☐ All St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | (5.5)                        | (D.C)                                 | (TTT 3                       | 10.13                        | ***                                    |                           |                    |
| [AL]<br>[IL]<br>[MT]<br>[RI]       | [AK]<br>[IN]<br>[NE]<br>[SC]                | [AZ]<br>[IA]<br>[NV]<br>[SD]                         | [AR]<br>[KS]<br>[NH]<br>[TN]                               | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]          | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]           | [ID]<br>[MC<br>[PA<br>[PR | )]<br>]            |
|                                    | me (Last na                                 | ame first, if                                        | individual                                                 |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                              |                                       |                              |                              |                                        |                           |                    |
| Busines                            | s or Reside                                 | nce Addres                                           | ss (Number                                                 | and Street                   | , City, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e, Zip Code                  | <del>=</del> )               |                                       |                              |                              |                                        |                           | <del></del>        |
| Name o                             | f Associate                                 | d Broker o                                           | r Dealer                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | ·                            | · · · · · · · · · · · · · · · · · · · |                              | <del></del>                  |                                        |                           |                    |
| States in                          | n Which Pe                                  | rson Listed                                          | has Solici                                                 | ed or Inter                  | nds to Solic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it Purchase                  | rs                           | <del></del>                           |                              |                              |                                        |                           |                    |
|                                    |                                             | or check i                                           |                                                            |                              | ☐ All St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                              |                                       |                              |                              |                                        |                           |                    |
| [AL]<br>[IL]<br>[MT]               | [AK]<br>[IN]<br>[NE]                        | [AZ]<br>[IA]<br>[NV]                                 | [AR]<br>[KS]<br>[NH]                                       | [CA]<br>[KY]<br>[NJ]         | [CO]<br>[LA]<br>[NM]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [CT]<br>[ME]<br>[NY]         | [DE]<br>[MD]<br>[NC]         | [DC]<br>[MA]<br>[ND]                  | [FL]<br>[MI]<br>[OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                   | [ID]<br>[MC<br>[PA]       | )]<br>}            |

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| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCE                                                                                                                                                                                                                                                                                                                                         | EDS                         |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" i                                                                                                                                                                                                                                                                              |                             |                                            |
| the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.                                                                                                                                                                                              |                             |                                            |
| Type of Security                                                                                                                                                                                                                                                                                                                                                                                          | Aggregate<br>Offering Price | Amount Aiready<br>Sold                     |
| Debt                                                                                                                                                                                                                                                                                                                                                                                                      | \$                          | \$                                         |
| Equity                                                                                                                                                                                                                                                                                                                                                                                                    | \$5,100,000.00(1)           | \$_5,100,000.00                            |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                            |
| Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                               | \$                          | \$                                         |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                     | \$                          | \$                                         |
| Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                           | \$                          | \$                                         |
| Total                                                                                                                                                                                                                                                                                                                                                                                                     |                             | \$_5,100,000.00                            |
| purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" o "zero."                                                                                                                                                                                                                                                                       | r<br>Number<br>Investors    | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                      | 2                           | \$ <u>5,100,000.00</u>                     |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                                  |                             | \$                                         |
| Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                   |                             | \$                                         |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering |                             | Dollar Amount                              |
| Type of Officing                                                                                                                                                                                                                                                                                                                                                                                          | Security                    | Sold                                       |
| Rule 505 (Not applicable)                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$                                         |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                                              |                             | \$                                         |
| Rule 504                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                 | \$                                         |
| Total                                                                                                                                                                                                                                                                                                                                                                                                     |                             | \$                                         |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.                  |                             |                                            |
| Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                                     |                             | \$                                         |
| Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                              | ☒                           | \$ _3,000.00                               |
| Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                | $\boxtimes$                 | \$ <u>70,000.00</u>                        |
| Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                           | $\boxtimes$                 | \$ _5,000.00                               |
| Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                          |                             | \$                                         |
| Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                      |                             | \$                                         |
| Other Expenses (identify) (PICIAS Ltd. consultant stock value)                                                                                                                                                                                                                                                                                                                                            | 区                           | \$ 232,500.00                              |
| Total                                                                                                                                                                                                                                                                                                                                                                                                     | $\boxtimes$                 | \$ _310,500.00                             |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                            |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ND     | USE OF PF                                      | ROCEEL                    | S                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------|---------------------------|------------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                | \$                        | 4,789,500.00           |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used of proposed to be used for each of the purposes shown. If the amount for any purpose is no known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e<br>o | Payments to<br>Officers, Direc<br>& Affiliates | tors                      | Payments to<br>Others  |
| Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | \$                                             |                           | \$                     |
| Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | \$                                             |                           | \$                     |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | \$                                             |                           | \$                     |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | \$                                             |                           | \$                     |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | \$                                             |                           | \$                     |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | \$                                             |                           | \$                     |
| Working capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | \$                                             |                           | \$ <u>4,789,500.00</u> |
| Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        | \$                                             |                           | \$                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | \$                                             | <del></del>               | \$                     |
| Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | \$                                             | <del> </del>              | \$_4,789,500.00        |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | Ø                                              | \$ <u>4,789</u>           | 9,500.00               |
| D. FEDERAL SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | <del> </del>                                   |                           |                        |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person following signature constitutes an undertaking by the issuer to furnish to the U. S. Securities and of its staff, the information furnished by the issuer to any non-accredited investor pursuant to particularly to particularl | d Ex   | change Comr                                    | nission, u <mark>į</mark> |                        |
| Issuer (Print or Type) Chartwell International, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                | Dat<br>Sep                | e<br>tember , 2005     |
| Name of Signer (Print or Type)  David C. Adams  Title of Signer (Print or Secretary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                |                           |                        |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| F | <b>C</b> 1 | ΓΔ <i>'</i> | ГF | SI   | CN                | Δ | TI | JRE  |
|---|------------|-------------|----|------|-------------------|---|----|------|
|   | S I        | ו הא        | ıı | D.F. | $\mathbf{u}_{11}$ | _ |    | JILE |

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

☐ Yes ☒ No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

| The issuer has read this notification and knows the co<br>undersigned duly authorized person. | ontents to be true and has duly caused this notice to be signed on its behalf by the |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Issuer (Print or Type)                                                                        | Signature Date September 2009                                                        |
| Chartwell International, Inc.                                                                 | 1 /s/ When                                                                           |
| Name of Signer (Print or Type)                                                                | Title of Signer (Print or Type)                                                      |
| David C. Adams                                                                                | Secretary                                                                            |

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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|          |                                                                                                               |               |                 | AP                                   | PENDIX   |                                                                                            |                                       | <del></del>                                      |               |
|----------|---------------------------------------------------------------------------------------------------------------|---------------|-----------------|--------------------------------------|----------|--------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|---------------|
| 1        | Type of security and aggregate offering price offered in State Type of investor and amount purchased in State |               |                 |                                      |          | Disqualification<br>under State ULOI<br>(if yes, attach<br>explanation of waiv<br>granted) |                                       |                                                  |               |
| <u> </u> | (Part B-                                                                                                      | Item 1)       | (Part C-Item 1) |                                      | (Part (  | C-Item 2)                                                                                  |                                       | (Part E                                          | -Item 1)      |
| State    | Yes                                                                                                           | No            |                 | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-accredited<br>Investors                                                   | Amount                                | Yes                                              | No            |
| AL       |                                                                                                               |               |                 |                                      |          |                                                                                            | · · · · · · · · · · · · · · · · · · · |                                                  |               |
| AK       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| AZ       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| AR       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| CA       |                                                                                                               |               |                 |                                      |          |                                                                                            | 7                                     |                                                  |               |
| CO       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| CT       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| DE       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| DC       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| FL       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| GA       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| HI       |                                                                                                               |               |                 | _                                    |          |                                                                                            |                                       |                                                  |               |
| ID       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| IL       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| IN       | ļ                                                                                                             |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| IA       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  |               |
| KS<br>KY |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       | ļ                                                |               |
| LA       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       | ļ                                                | <b> </b>      |
| ME       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  | <del>  </del> |
| MD       |                                                                                                               |               |                 |                                      | <u> </u> |                                                                                            |                                       | ļ                                                | <b></b>       |
| MA       | <u> </u>                                                                                                      | <del></del>   |                 |                                      |          | -                                                                                          |                                       | -                                                | <del>  </del> |
| MI       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       | <del> </del>                                     |               |
| MN       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       | -                                                |               |
| MS       | ļ                                                                                                             |               |                 |                                      |          |                                                                                            | -                                     | <del>                                     </del> |               |
| MO       |                                                                                                               | <del>  </del> |                 |                                      |          |                                                                                            |                                       | -                                                |               |
| MT       |                                                                                                               |               |                 |                                      |          |                                                                                            |                                       |                                                  | <del>  </del> |
| 141 1    | j                                                                                                             | 1 1           |                 | 1                                    |          | }                                                                                          |                                       | 1                                                | 1             |

| APPENDIX |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
|----------|------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|------------------------------------------|--------|----------------------------------------------------------------------|------------------------------------------|--|
| 1        | 2                                              |                     | 3                                                                                          |                                                                      |               | 4                                        |        | 5                                                                    | 5                                        |  |
|          | Intend to<br>non-acci<br>investors<br>(Part B- | redited<br>in State | Type of security<br>and aggregate<br>offering price<br>offered in State<br>(Part C-Item 1) | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |               |                                          |        | Disquali<br>under Sta<br>(if yes,<br>explana<br>waiver g<br>(Part E- | attach<br>attach<br>ation of<br>granted) |  |
| State    | Yes                                            | No                  |                                                                                            | Number of<br>Accredited<br>Investors                                 | Amount        | Number of<br>Non-accredited<br>Investors | Amount | Yes                                                                  | No                                       |  |
| NE       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| NV       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      | 1                                        |  |
| NH       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| NJ       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| NM       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| NY       |                                                | X                   | *                                                                                          | 2                                                                    | \$5,100,00.00 |                                          |        |                                                                      | X                                        |  |
| NC       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| ND       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| ОН       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| ОК       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| OR       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| PA       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| RI       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| SC       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| SD       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| TN       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| TX       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| UT       |                                                |                     |                                                                                            |                                                                      |               | ***************************************  |        |                                                                      |                                          |  |
| VT       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| VA       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| WA       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| wv       |                                                |                     |                                                                                            |                                                                      |               |                                          | -      |                                                                      |                                          |  |
| WI       |                                                |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |
| WY       |                                                |                     |                                                                                            |                                                                      |               |                                          |        | - <del></del>                                                        |                                          |  |
| PR       | ·                                              |                     |                                                                                            |                                                                      |               |                                          |        |                                                                      |                                          |  |

<sup>\*</sup> Common Stock Merger Consideration Including Indirect Common Stock Note Purchase Consideration Private Placement / \$5,100,000.00